

**Notice:** Completion of this form is authorized under s. 23.09(25), Wis. Stats. Use of this form is required by the Department for any application for the motorcycle recreation program. In addition to this form, the Department will not consider your application unless the following items are furnished: (a) resolution authorizing participation (sample on page 2 of form), (b) attachments indicated on page 3, (c) where appropriate, an estimate of costs on Form 8700-14. Personally identifiable information on this form will be used for no other purpose than the motorcycle or all-terrain vehicle recreation program.

Mail application to: Motorcycle Recreation Program  
Bureau of Community Financial Assistance  
Box 7921  
Madison, WI 53707  
(608) 266-5897

LEAVE BLANK - DNR USE ONLY	
Received	Project Number
Acknowledged	

**Activities Involved in Application:** (Check ☒ Those Applicable) ☐ Maintenance ☐ Acquisition ☐ Insurance ☐ Development

**Applicant Information**

Applicant/Organization Name	<b>Check Recipient:</b> Individual <u>other</u> than authorized individual to act on behalf of the applicant. Provide check recipient information below:
Authorized Individual Name Title	Check Recipient Name: (Name to Appear on Check)
Address	Address
City, State, ZIP Code	City, State, ZIP Code
Telephone Number (     )	E-Mail Address

**Project Information**

Project Title

Project Description

- For maintenance, include a concise statement of the type of maintenance activities and the type of grooming equipment used.
- For development, describe development activities and structures to be constructed.

Estimated Cost				Leave Blank - DNR Use Only				Total Estimated Cost
Maintenance	Acquisition	Insurance	Development	Maintenance	Acquisition	Insurance	Development	

**Applicant Certification**

As the applicant's authorized official, I certify that, to the best of my knowledge, the information in this application is true and correct.

Typed Name of Authorized Official	Official's Title
Signature of Authorized Official	Date Prepared

Submit one copy of all project documentation.

**Resolution For Motorcycle Recreation Aids**

WHEREAS, \_\_\_\_\_ is  
(applicant)

interested in acquiring, insuring, maintaining, or developing lands for public off-road motorcycle recreation purposes as described in the application; and

WHEREAS, financial aid is required to carry out the project,

THEREFORE, BE IT RESOLVED, that \_\_\_\_\_  
(applicant)

has budgeted a sum sufficient to complete the project, and

HEREBY AUTHORIZES, \_\_\_\_\_  
(name and title)

\_\_\_\_\_  
(committee or department)

to act on behalf of \_\_\_\_\_ to:  
(applicant)

Submit an application to the State of Wisconsin Department of Natural Resources for any financial aid that may be available;

Sign documents; and

Take necessary action to undertake, direct, and complete the approved project.

BE IT FURTHER RESOLVED that \_\_\_\_\_  
(applicant)

will comply with state rules for the programs; may perform force account work; will maintain the completed project in an attractive, inviting and safe manner; will keep the facilities open to the general public during reasonable hours consistent with the type of facility and will obtain from the State of Wisconsin Department of Natural Resources approval in writing before any change is made in the use of the project site.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

I hereby certify that the foregoing resolution was duly adopted by \_\_\_\_\_

\_\_\_\_\_ at a legal meeting held on

the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

# Motorcycle Recreation Aids Application

Form 8700-186 (R 12/02)

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## Background Information

If this application is for activities that have previously been described, skip this section and go on to Development section.

- ☐ Intensive Use Area
1. Describe the need and expected use of the intensive use area.
  2. Describe proposed method of operating and maintaining facility, i.e., hours and season of operation, supervision and security, fees, etc.
- ☐ Trail
1. Describe the need and expected use of the trail.
  2. Describe the total amount of time the trail will be available for use.
  3. Is this the only use of the trail? ☐ Yes ☐ No If no, describe how this use meshes with other trail uses:  
a) occurring at the same time, b) occurring throughout the year.

## Development

Applicant's Ownership	Trail Miles to be Developed: _____ Entire Area (acres): _____ Area to be Developed (acres): _____	Intensive Use Area
<input type="checkbox"/> Fee Title	OR _____	<input type="checkbox"/> Project Site is Undeveloped
<input type="checkbox"/> Easement or Lease		<input type="checkbox"/> Project Site is Partially Developed

List Special Provisions for Physically Handicapped

If special provisions for the physically handicapped are not needed, check here: ☐

## Attachments

- ☐ Operation / Maintenance Agreement with other organizations - If none, check here: ☐
- ☐ Cost Estimate Worksheet, Form 8700-14
- ☐ County, city, village or town map showing area location
- ☐ Site plans include:
- ☐ Area of entire development
  - ☐ Location of existing facilities and proposed new construction
  - ☐ Location of existing and proposed utility services, such as electric, water, and sewer lines
  - ☐ Location of trail and/or skill courses (old and new construction)
- ☐ Construction plans for buildings, bridges, major grading, etc. Preliminary plans may be submitted if final plans are not completed. However, final plans must be submitted and approved prior to construction.

## Acquisition - Fee Simple

Select One	List existing structures and the planned disposition for each (attach additional sheet if needed).
<input type="checkbox"/> Acquisition for New Area	If none, check here: <input type="checkbox"/>
<input type="checkbox"/> Addition to Existing Area	

## Attachments

- ☐ Real estate appraisal
- ☐ Relocation plan approved by Department of Development or letter from Department of Development stating no plan is needed
- ☐ Offer to Option, Form 8700-107
- ☐ Just Compensation Statement, Form 8700-102
- ☐ Option / purchase agreement, if condemnation, check here: ☐ and attach Determination of Necessity
- ☐ County, city, village, or town map (show park location)
- ☐ Proposed site development map

Parcel Owner	Acres	Option Expiration Date	Option Amount	Appraised Value		Estimated Relocation Cost	Total Cost
				Land	Improvements		
Totals							

## Acquisition - Trail Easements or Leases

☐ Attach certification of easements or leases held

## Maintenance

- ☐ Attach operation / maintenance agreement with other organizations - If none, check here ☐
- ☐ Attach narrative description of operation and maintenance program including items such as season and hours of operation, number of employees, etc

## Insurance

☐ Attach Certification of Insurance (separate policy or rider to General Liability Policy)